

CHAPTER 14

MIDDLE EAST: FARTHER AFIELD

To recount the experiences of all the hospitals and casualty clearing stations in North Africa and Middle East during the Second World War with the fullness that they deserve would be impossible within the limits of the present volume. Their several sagas must await the time when all can be enshrined in a full and official History.

However, the mention of certain hospital names and numbers is permitted. It will awaken memories both pleasant and poignant in the hearts of those who served in the hospitals and casualty clearing stations concerned.

There was No. 6 General, for instance, whose adventures have already been described in some detail; No. 19 General, in the Canal Area; No. 27 General, at Tel-el-Kebir (scene of a famous battle in the 'eighties of last century); No. 58 General, situated some seven miles from Ismailia; and, perhaps best remembered of all, No. 64 General, in that most ancient and beautiful of cities and seaports, Alexandria.

Then there were the General Hospitals in Palestine, notably No. 62 General in Jerusalem—already mentioned as having been erected for an entirely different purpose by Kaiser Wilhelm. Jerusalem, incidentally, was a favourite leave centre of Q.A.I.M.N.S.; from here they could visit Nazareth and the Sea of Galilee.

The nursing at No. 62 General was not confined to British and Dominion cases. There was a whole ward for Indian casualties. These patients, we are told, were remarkable for the quiet and uncomplaining fashion in which they bore their sufferings. The chief difficulties to be overcome in their case were those arising

out of their diet, the peculiarities of which had to be tackled by a special Indian cook.

In direct contrast was the behaviour of the French wounded. These were divided into de Gaullists (or Free French) and Vichyites, and so heated did their political debates become that it was found necessary to relegate the Vichyites to a separate ward.

In Jerusalem too there was a Sick Sisters' Hospital.

What a joy it was [writes the Sister in charge] to see the expression come over the sick Sisters' faces when they were put into a little room to themselves, and a bed with a mattress! A lot of them were very ill, in fact dangerously ill, with dysentery, malaria, sand-fly fever and operations; but I am glad to say that, thanks to the ever-ready help I had from Matron and the C.O., and very pleasant, competent junior Sisters, the sick people recovered, and were able to rejoin their units.

Mention must also be made of the Polish hospitals in the Middle East.

The first was established at Alexandria in 1941, with 200 beds. It was equipped throughout by the British Government, but the entire staff were Polish. There was also a special department attached to No. 12 British General, in Palestine, for Polish patients. The nurses were Polish: they shared quarters with our Sisters. Both hospitals were exceptionally bright and comfortable, we are told.

Somewhat different were the conditions prevailing in the Military Hospital at Geniefa, a typical desert station situated some thirty miles from Suez. Climatic variations could be trying in the extreme. Sand-storms left a film of sand over everything—beds, food, and clothing—while rain-storms were frequent and the nights bitterly cold.

By contrast with the sand, mention must be made of a certain casualty clearing station in Egypt, which appears to have been subject to a different kind of visitation, as the following extract from a Sister's personal narrative will attest.

I had had a busy night, and was preparing to go off duty when a patient called me and said there were 'things' crawling all over his badly burned leg. On investigation I found almost a complete ants' nest in the bed! The ants, one of the very small brown kind, had come in by the ward window and climbed up the patient's Balkan beam, and got into his bed despite the fact that the legs of the beam had been well saturated with paraffin. It took me nearly three-quarters of an hour to remove every ant and redress the leg.

II

Let us now travel a thousand miles south of Cairo to the Sudan, and visit No. 32 General Hospital at Khartoum. This done, we will proceed a few hundred miles eastward, to Eritrea and the shores of the Red Sea.

The Anglo-Egyptian Sudan and the Italian colony of Eritrea furnished the theatre of our first encounter in 1940, with the Italians, who were at that time arrayed in overwhelming strength against General Wavell's slender forces. After the defection of France and the occupation by the enemy of French Somaliland in August, the garrison of British Somaliland had no choice but to evacuate too. But they hung on resolutely to the Sudan, and in the end, following the final expulsion of German and Italian alike from Tripolitania and Tunisia, occupied Eritrea and Italian Somaliland. In consequence, the long-exiled King Haile Selassie found himself once more seated upon the throne of Abyssinia.

The buildings forming No. 32 General Hospital, just outside Khartoum, had originally functioned as a college for Sudanese boys, and the large classrooms made most serviceable wards; but, lying as far south as it did, the hospital was uncomfortably isolated, and matters were not improved by the difficulties of approach. The roads converging on Khartoum were mere rocky tracks, with the result that transport usually broke down,

and the personnel of a medical unit had occasionally to spend a night under the desert stars.

Casualties were conveyed by Nile steamers, to save them from insufferable jolting over the so-called roads. Even this method of transport was by no means ideal, for convoys were frequently stranded on shoals or sandbanks wherever the river sank low, as it frequently did, upon important or critical occasions.

Our busiest time [a Sister tells us] was after the Battle of Cheren.

Cheren was a rocky fortress perched upon a mountain 6,000 feet above sea-level, whose defenders were accustomed to keep attacking forces in check by rolling rocks down on them.

We had our large ward full of Italian prisoners of war, all very badly wounded. The difficulty of language, with the patients' names and regiments in Italian, made this a really 'heavy' ward. Still, despite the long distance over which some of these patients had had to travel since being wounded, infection of wounds was not unduly serious, and we saw no gas gangrene—so different from the experience of some of us in France, where the highly cultivated soil often leads to virulent infection.

The heat is even greater than in Khartoum itself, where there are at least some trees and green spaces, instead of scrub and sand in all directions. Bedmaking in the wards merely consists of re-arranging two sheets. The heat is so intense that Sisters have been known to heat an iron in the sun to press handkerchiefs.

(This rivals the old story of the London stockbroker who won a bet by frying an egg on Finsbury Pavement during a heat-wave.)

Despite its remoteness from Cairene civilization, the amenities of Khartoum were pleasant enough. The Sisters had their own clubhouse, where games could be played and an occasional small

dance held. There was a cinema show, out in the open under the African stars, three nights a week. The civil population were most friendly and hospitable. And, they were well out of range of the enemy.

III

In due course, as ever, the time came for the Sisters to abandon these pleasant surroundings and betake themselves elsewhere, to take over a hospital in Eritrea.

The journey itself presented the usual Sudanese obstacle-race. The rainy season had begun, and parts of the railway track had been washed away. (This was not altogether surprising, for it was a single track line, with the rails laid directly on the sand.) Consequently upon reaching Kassala, near the Eritrean border, it was found necessary to abandon a reasonably comfortable train and continue by lorry.

The next obstacle was a river in flood, so the lorries were left and each Sister carried across lying on a string bed, by four Sudanese bearers—a trying experience, for the current was swift and the bearers most uncertain on their feet. Once across, they were transferred to great troop-carrying lorries driven by coloured Cape Corps chauffeurs. After a nightmare journey of bumps and bruises they reached a small transit camp, so small and ill-equipped that it was close on midnight before the last of the party could be provided with a meal.

Twenty-four hours later they crossed the border and found themselves in Eritrea, travelling along the magnificent Italian roads which are Mussolini's sole bequest to Africa.

The hospital which they took over had originally been set up by the Italians.

It had been left with all its equipment. Indeed they evacuated in such a hurry that they left in the middle of an operation. What happened to the patient I do not know.

Their first patients were South and East African troops. Here,

June, 1944. The R.A.M.C.
Sergeant, a hairdresser, is
in great demand
(Imperial War Museum)



Below:

With the 5th Army in
Italy. Sisters carrying
Red Cross parcels to
patients
(Imperial War Museum)





A cheerful party of "Q.A.s" with their baggage in Normandy
(Imperial War Museum)



Sisters in their beach-head hospital with the 2nd Army in France: smalls on the line (Photographic News Agencies, Ltd.)

in addition to the usual malaria and dysentery cases, they encountered tropical diseases wholly new and strange to them—Bilharzia, Kala-Azar, and Amoebic Hepatitis.

Being on night duty was a rather eerie experience, especially if one had to go from ward to ward, as out of the dark came strange noises from the baboons and hyenas in the surrounding hills. A large snake was killed outside a ward one night.

There were no recreations, except a cinema twice a week—a cinema provided with a number of old and scratched films and a debilitated projector of uncertain performance. The benches too had a habit of subsiding without warning.

The road to Asmara and the Red Sea was a remarkable piece of engineering, but it was addicted to hairpin bends and sheer drops on the open side. A dance arranged at Christmas was 'somewhat marred', we are informed, by a car full of guests going over the edge. 'It took three somersaults; then the roof came off, and the occupants were flung out. Fortunately no one was killed.' Despite the enforced absence of the enemy, life at Asmara could never be described as uneventful.

By way of variety, earthquake tremors were experienced from time to time.

Still our Sister sums up favourably enough—

The whole country is mountainous, having only the one plateau upon which Asmara is built, and there is only enough food grown in the country for its few thousand inhabitants. Any large hospital units are therefore dependent upon Army depots for food and other supplies. Provided these are plentiful and constant, life can be quite pleasant in this far-away isolated spot.

Mention has already been made of the evacuation of British Somaliland after the French collapse. The Colony was re-occupied after the defeat of the Italians, and by 1945 a particularly

interesting military hospital had been established there, at Mandera, housing 350 patients from all parts of East Africa.

These were Somalis, Ethiopians, Indians, and Italians. (There was a separate building for the use of eight British Officers and eighteen Other Ranks.)

There were the usual complications arising from differences of religion and, as an inevitable corollary, diet.

All our nationalities had separate kitchens, as their food had to be cooked in their own special way. At certain times of the year the Somalis, being Mohammedans, fasted all day and feasted all night, and sometimes the noise was dreadful.

This was the Festival of Ramadan, during which no member of the true Faith touches food or drink between sunrise and sunset.

All the Somalis, sick or convalescent, had what they called a Prayer Ring laid out in an open space in the desert. They bordered it round with stones and put up a pole in the centre. One morning I found the hat-stand from our post-mortem room was being used for this purpose! How they managed to get hold of it I do not know!

Much tact and diplomacy were required to maintain peace among these temperamental invalids. The Indians looked down on the East Africans, and the East Africans despised the Somalis.

Somali dressers and orderlies were of course restricted to the Somali wards, and very good they were. But East African dressers had to be put into the Indian wards. One day an Indian patient complained to me that the dresser had refused to collect his food. The dresser's explanation was that the Indian had called him an animal—in other words, 'a dog'. 'Animals,' he said, 'do not carry food; they defile it.'

A good answer, was Sister's private verdict. None the less she employed the opportunity to give both disputants a salutary little lecture on the subject of live and let live, and that in any case matters of dispute must invariably be referred to a higher authority and not settled by single combat.

It was also part of the Sisters' duty to lecture to the dressers. Their pupils were genuinely anxious to learn, but some of their supplementary questions were apt to be embarrassing. One gigantic Somali warrior inquired anxiously whether, if one of his kidneys were removed, he would 'still be a man and have a baby'.

Another dresser bought an Ethiopian wife for £20. Finding that she did not measure up to his standard of perfection he returned her to her family and asked for his money back.

In the end [Sister tells us] he lost both wife and money.

Certainly in East Africa the life of a Nursing Sister was not lacking in variety.

IV

Conditions of service in the West African area differed from those in the Eastern in one important respect: the only fighting there was done by our medical services against the ever-present forces of disease and death. This is not to overlook the gallant service of the West African native troops, who fought stoutly enough, but that was elsewhere.

The three principal British Colonies in West Africa are Sierra Leone, the Gold Coast, and Nigeria. They may sound remote and unimportant theatres of war by comparison with Flanders and North Africa, but the Gold Coast is nearly as large as the United Kingdom and Nigeria is about twice the size of pre-war Germany. In any case it was vitally important that all three Colonies should be protected from enemy invasion, for any of them in German hands would have provided not only U-boat

bases on the Atlantic coast, but a convenient jumping-off place for a German invasion of Brazil and Latin America generally.

So the three Colonies were garrisoned as strongly as our resources permitted with British and Empire troops, accompanied as a matter of course by their medical and nursing units.

Despite the fact that there was no actual fighting in West Africa, the Nursing Services were kept busy enough.

As usual, they had to begin by acclimatizing themselves to new and uncomfortable conditions. The first lesson which every Sister had to learn was that of taking every reasonable precaution against malaria herself. The West Coast of Africa was once, and not without reason, christened The White Man's Grave. If, thanks to modern prophylaxis, it is that no longer, it still offers every prospect to the unwary of becoming the White Man's (or Woman's) Hospital.

Malaria [says one Matron's Report] is the Curse of the Coast, and oh, how difficult it was to make Sisters, abroad for the first time, 'Malaria conscious'. They just could not see the importance of wearing mosquito boots with thigh extensions, and long sleeves, after sunset. It took them time to learn that the ever silent *anophiles* is a ruthless opportunist, always on duty after dusk.

However, the Sisters soon learned their lesson, which was just as well, for there was plenty for them to do in the hospitals, where the prevailing cases were 85 per cent malaria, 10 per cent dysentery, and 5 per cent others.

The headquarters of the medical services in West Africa were at Accra, on the Gold Coast. The principal seaport was Takoradi, whence an interesting trip could be made by rail to Ashanti, the ancient capital of King Coffee. One of the coaches on the train was heavily barred for the conveyance of gold from the mines up country to the coast.

The first Q.A.I.M.N.S. party to land on the Gold Coast in 1940 numbered nine in all. As a British Colony the country was

already well provided with civilian hospitals both for the European and native populations; but with the increase in the military garrison, and the steady arrival of contingents of wounded from East Africa and elsewhere, there was urgent need for the establishment of several military hospitals. These were forthcoming in due course.

Until our hospital was ready for patients [writes one Sister], we helped at the European and African hospitals. I had four weeks of valuable experience at the Gold Coast Hospital. The patients were Africans of all ages, with a qualified African male and female nursing staff.

Lots of young boys were being trained for the R.A.M.C. They had received excellent theoretical training, and were most anxious to learn practical nursing. Each boy seemed to decide immediately they saw us which Sister he would like for his 'Missus', and we could hardly get them out of our sight.

There will be more to say about these young gentlemen later.

In addition to the care of the wounded, the Sisters were soon fully occupied with malaria cases. Neither were they themselves immune. Several went down with the disease, and there was one serious case of dysentery. However, with the gradual improvement in hospital accommodation and supplies, and especially in the Sisters' own quarters (which had at first consisted of mud huts) the routine soon settled down to normal, though it could never at any time be described as easy.

The surrounding country was beautiful, a land of fruit and flowers, except during the rains, which were torrential and could be accompanied by fierce thunderstorms; while the highly organized social life of the little Colony offered pleasant society and much agreeable (and unusual) diversion. On Empire Day some of the Sisters visited Accra, to see thousands of school-children march past the Governor of the Gold Coast to the usual music ('Roll Out the Barrel' and the like) of innumerable bands.

There were thousands of people as spectators, including many Chiefs, in their gay robes, under huge multi-coloured umbrellas.

V

We come now to Sierra Leone, whose capital Freetown possesses one of the largest natural harbours in the world, furnishing throughout the war an invaluable port of call and rallying-point for our Cape-bound shipping.

The town and native quarter are clustered together, forming an attractive combination of red roofs and green background, and are surrounded on all three sides by hills. Hill Station, on the right, stands about 500 feet high, and forms the European residential quarter.

No. 51 General Hospital arrived at Freetown in August 1940, bringing with it twenty-two Nursing Sisters and a certain number of hospital orderlies. Pending the erection of the hospital itself, temporary premises were secured in what had been the Officers' Quarters of the Royal West African Frontier Force, and work began at once. Here it was possible to accommodate 120 patients, including beds for ten officers and five Sisters.

This last provision soon proved its value, for no less than twelve out of our twenty-two Sisters succumbed at one time or another to malaria.

No. 51 General enjoyed the use at this time of the Operating Theatre and X-ray Department of the Freetown Civil Hospital.

By the end of December most of the new hospital wards on Mount Aureol were ready for occupation and were taken over by No. 51. Subsequently, however, these were handed over to No. 34 General Hospital, which had been organized to deal with native patients only: No. 51 found a new home on the crest of another hill, 900 feet high, farther from the town and in a much healthier position.

In due course the new hospital was completed and fully occupied. In addition to its admirable medical and surgical equipment it contained a library and large recreation hall for the

patients, in which cinema shows, concerts, and even dances could be organized.

In less than three months [reports one Sister] we were functioning as if we had been there for years, and had our full complement of 200 beds, which were always filled and were still expanding.

The 200 patients were all Africans, of many different tribes, many of them conveyed to this safe haven from far-distant theatres of war.

They loved to tell us of their experiences of life in Burma, India, and the M.E.F.¹ How thrilled they were when they found someone with whom they could discuss similar experiences!

While waiting for artificial limbs to be fitted, Occupational Therapy proved a real boon to them. They knitted pull-overs, plaited belts and made embroidered mats with gaily coloured wool. After a while they became quite experts in these arts: these I felt could be quite useful to them when they returned to their villages.

(For the materials for these invaluable exercises the Sisters were indebted, as ever, to the British Red Cross Depot.)

Of course everything was not all plain sailing. There was as usual a shortage of R.A.M.C. orderlies, who were urgently needed in less pacific surroundings, and this involved the training of African orderlies.

These [we are told] had previously been taught the rudiments of obedience, discipline, and general ward duties. We were to train them. They were of varying degrees of intelligence, but very keen, and in time became quite useful. As they were picked from fifteen different tribes, speaking different languages, we compromised by teaching them

¹ Mediterranean Expeditionary Force.

'pidgin' English, which sounded dreadful but was really quite effective.

The climate was a perpetual trial, but might have been worse: the shade temperature was seldom higher than 90 degrees. The atmosphere, however, was humid all the year round, and there were periods of torrential rain between May and November.

The humidity is greatest in July and August, when all one's clothes feel damp and smell mouldy, and green mildew grows overnight on leather shoes and suit-cases.

Other material and perpetual discomforts were furnished by the insect population. Some of the wooden huts had to be pulled down and rebuilt in stone within the first six months, owing to the ravages of the ubiquitous white ant. These it was found impossible to exterminate altogether, though their activities could be checked to a certain degree by treating the wood with creosote. But—

Our main menace from the livestock point of view, besides ants on our dining-table, were huge cockroaches, which ate holes in our silk underclothes, and all the gum from stamps, envelopes and bottle-labels. It was no uncommon experience to open a trunk and find some of these creatures having a meal off one's best pyjamas.

Also, huge bats with a wing span of fifteen inches used to fly about our sitting-room in the evenings. We were used to them, but one evening we entered the Mess to find four senior members of a hospital, newly arrived visitors, sitting with cushions on their heads!

But the summing up, as usual, is pleasantly philosophical.

Life here is indeed very full, and one certainly needs a complete sense of humour and the spirit of an ambassador thoroughly to enjoy nursing in these tropical countries.

Much has been done to eliminate malaria and yellow fever, and with marked success, by spraying from the air and by wearing of protective clothing by all ranks.

Our tour of service here is eighteen months.

And quite enough too, one might suggest.

VI

We come lastly to Nigeria, and the experiences of No. 56 General Hospital, which arrived at Lagos, after a narrow escape from a German bomber—two near-misses—in the North Atlantic in May 1941.

The Sisters' Nigerian experiences did not differ greatly from those of their colleagues in Sierra Leone and the Gold Coast—the climate and the insects, ants and mosquitoes, in particular. The heavy rains bestowed upon the local grass a Jack-and-the-beanstalk rate of growth—two and a half inches in twenty-four hours—so keeping it down provided continuous employment for a large number of coolies.

The hospital itself, however, was ready, and all the huts had been thoughtfully provided with concrete foundations and floors. The standard design was a 40-bedded ward, with its own small ward-kitchen, Sisters' duty-room, and sanitary annexes at each end. The Sisters worked hard to render the interior of the wards attractive, and since each bed sported 'a pretty blue blanket', the general effect was highly decorative.

There was the usual difficulty in training native orderlies. The Nigerian variety possessed characteristics all his own. He was a man of some erudition, being ineligible for ward duties unless he had passed the Sixth Educational Standard. This meant that he spoke tolerably good English, though of an archaic, almost Shakespearean stateliness. He was studiously inclined, but, as is so often the case with an undeveloped intelligence, found it easier to memorize a passage than to understand or paraphrase it.

It is regrettable to have to add that when up-graded he fre-

quently became 'conceited, lazy, and important in his own estimation'—a failing, incidentally, not entirely confined to the Sons of Ham—'throwing his weight about among his juniors, whom he was inclined to regard as his personal attendants'. Ward Sisters were constantly called upon to arbitrate personal differences and settle small rows.

Most of these orderlies were Christians, and the fact was responsible for a certain Biblical flavour in their official reports, thus: 'Bed 20 went to his Heavenly Home at 11.25 p.m.'

But for all their undoubted virtues they were for the most part incapable, as ever, of appreciating the difference between *meum* and *tuum*. A careful watch had to be kept upon all drugs and hospital supplies, especially those of a saleable character. Certain Sixth Standardists were found to be running a highly profitable black market in such commodities as 'M & B', at one shilling per tablet; while Sisters administering the drug to pneumonia patients had to dissolve the tablets in water; otherwise they would never have reached the patients.

The majority of the patients in the hospital wards were suffering from malaria, to which unseasoned troops were highly susceptible. Tropical ulcers and pneumonia had also to be dealt with.

Africans rarely fall victims to that dread disease blackwater fever, but there was a constant risk that it might superimpose itself on a European malaria case. A 'Blackwater Team', therefore—one medical officer, two Sisters, and one R.A.M.C. orderly—was always kept in readiness to proceed at short notice to a patient too ill to be moved to hospital. Many lives were saved by this precaution.

It was an exacting existence for all concerned, especially since the Nursing Sisters on this particular station were themselves unusually susceptible to attacks of malaria. Thanks however to the good offices of the A.D.M.S., they were provided with excellent quarters, and the usual recreational facilities were not lacking.

Perhaps the high-spot among all the social activities of the Nigerian station was reached at Lagos during Christmas 1946,

when the war itself was over. This took the form of a full-scale pantomime—*Aladdin*. Both principal boy and girl were played by members of the Nursing Services, and the script was written by an R.A.M.C. major. The excellence of the performance moved *The Nigerian Daily Times* to the following panegyric:

For sparkling wit, scintillating brilliance of costume, and quality of production, there has never been such a show in Lagos, or in West Africa for that matter.

The proceeds amounted to £137 odd, and were handed over as part of the Nigerian contribution to the British Empire Nurses' War Memorial Fund.